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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	<u>First</u>	Coast	Skatin	g Club	of Jo	icksun	ville,	Inc.
DOCUMENT NUMBER:	V 0 5 00	001161	3	· · · · · · · · · · · · · · · · · · ·				
The enclosed Articles of Amendmen	at and fee are sub	mitted for fili	ng.	** ·		•		
Please return all correspondence con	cerning this matt	er to the follow	ving:	,	•		•	
Nancy Joh	INSOA			•		,		٠
		(Name of Co	ntact Person)				•	
						,		•
**************************************		(Firm/ C	ompany)		······································		<del></del>	
1022 Park	Street	, Suite	308	· .				
	,	(Add	ress)		٠.			
Jacksonvill	P F1 3	2204		F.s.				
		(City/ State a	nd Zip-Code)	i - '.			1 4	•
					•	, '		
E-mail ad	dress: (to be use	d for future an	nual report not	ification)				,
For further information concerning the	nis matter, please	call:						
Nancy Johns	M		at (C		5-94			
(Name o	of Contact Person	1)	(Area	Code) (Day	time Telep	hone Numb	er)	
Enclosed is a check for the following	amount made pa	ayable to the F	lorida Departr	nent of State:		•		
\$35 Filing Fee \$\infty\$\$43. Cert	75 Filing Fee & ificate of Status	□\$43.75 Fili Certified C (Additional enclosed)	ору -	3\$52.50 Filin Certificate of Certified Co (Additional C Enclosed)	l Status py			

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

First Coast S	Skating	Club			nuille,	Inc	•
(Name of Corporation	as currently	filed with th	<u>ie Florid</u>	la Dept. of St	ate)		
N 0 5 0 0	001161	3	•				
(Docum	nent Number o	f Corporatio	n (if kno	wn)			
tursuant to the provisions of section 617.1006, Flor mendment(s) to its Articles of Incorporation:	rida Statutes, tl	nis <i>Florida N</i>	Not For	Profit Corpoi	ration adopts	the follow	wing
If amending name, enter the new name of the	corporation:	<u>.</u>			•		
First Const Figure	Skalina	ملينان	tio	,		The	
ame must be distinguishable and contain the word Company or "Co." may not be used in the name	" corporation				viation "Corp		
Enter new principal office address, if applicat	ble:						
rincipal office address <u>MUST BE A STREET Al</u>	DDRESS )					1.	53
						<u> </u>	 (:
Enter new mailing address, if applicable:							نب CD
(Mailing address MAY BE A POST OFFICE I	<u>BOX</u> )					73   ( 	)
						13	
	-					-53.	_ <del></del> ;
	_					1771	- <del>ري</del> د <u>ي</u>
If amending the registered agent and/or registered agent and/or the new registered			lorida, e	nter the nam	e of the		
Name of New Registered Agent:	***************************************		· · · · · · · · · · · · · · · · · · ·				
New President J Office A Library			Flor	ida street addres	(5)		
New Registered Office Address:							,
•	<del> </del>			,	Florida		
	(	City)			(Zip Code)		
ew Registered Agent's Signature, if changing Rereby accept the appointment as registered agent			accept th	ne obligations	of the position	m.	
	<i>;</i>						
<del>-</del>	Signo	uture of New	Register	red Agent, if c	changing		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change		. <u> </u>	
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6) Change			
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Remove			

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	e date of each amendment(s) adoption: SUY LL, 2012 ,, if other than the this document was signed.
Effe	ective date if applicable: MOLO 15, 2016  (no more than 90 days after amendment file date)
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ument's effective date on the Department of State's records.
Ado	option of Amendment(s) (CHECK ONE)
Ø	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	Dated 3/15/16
	Signature Jan Bra
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Tobi Baldwin
	(Typed or printed name of person signing)
	President
	(Title of person signing)